

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/720190

FILING DATE

APPLICANT(S)

A CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2		1				52			
3		1				53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18	1					68			
19	1					69			
20	1					70			
21	1					71			
22	1					72			
23	1					73			
24	1					74			
25	1					75			
26		1				76			
27		1				77			
28		1				78			
29		1				79			
30		1				80			
31		1				81			
32		1				82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL D.	1 24	1				TOTAL IND.			
TOTAL DEP.	102	30				TOTAL DEP.			
TOTAL AIMS	27	31				TOTAL CLAIMS			

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O-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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